

**VILLAGE OF OCEAN BEACH**



Natalie K. Rogers  
Mayor/ Police Commissioner

George B. Hesse  
Deputy Chief of Police

**POLICE DEPARTMENT  
PO BOX 425  
OCEAN BEACH, NEW YORK 11770  
631-589-5866 fax 631-583-8289**

May 16, 2006

Southampton Town Police Department  
110 Old Riverhead Road  
Hampton Bays, New York 11946

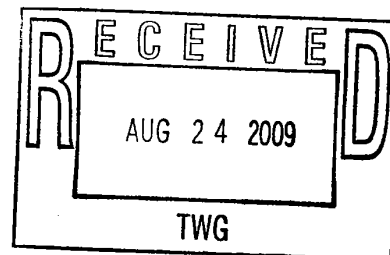
Dear Sgt. Foster;

In response to your request for information pertaining to Frank Fiorillo, at this time I can only confirm dates of employment. He worked for this department from 5/2003 through 4/2006 as a Seasonal Police Officer. If there is anything else I can help you with please call me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read "GBH", is written over a horizontal line.

George B. Hesse, Chief of Police



**SOUTHAMPTON TOWN POLICE DEPARTMENT**  
**TOWN of SOUTHAMPTON**



**JAMES P. OVERTON**  
*Chief of Police*

110 Old Riverhead Road  
Hampton Bays, New York 11946

*Emergency: 911*  
*Anonymous Tip Hotline: (631) 728-3451*  
*General Business: (631) 728-5000*  
*Police Reports: (631) 728-5007*  
*(631) 728-5008*  
*FAX: (631) 728-5440*

May 8, 2006

Incorporated Village of Ocean Beach  
Cottage & Bay Walk  
Ocean Beach, NY 11770

Frank Fiorillo has applied to this department for employment as a Part Time Police Officer.

Attached you will find a release of information form signed by the applicant and notarized. Please forward any information you have in regards to the applicant that you feel may be related to the position for which he has applied.

Thank you in advance.

Sincerely

Sgt. Scott Foster #28

**SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT  
OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS**

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES  
 725 Veterans Memorial Highway, North County Complex, Bldg. 158  
 P.O. Box 6100 Hauppauge, NY 11788-0099  
 (631) 853-5500 Internet/www.co.suffolk.ny.us

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE. 09-0101: 01/02cb

Unless otherwise stated in the examination announcement, **THE APPLICATION PROCESSING FEE IS \$25.00.** A separate application is required for each examination (identified by examination number) for which you are applying. Each application MUST be accompanied by a \$25 NON-REFUNDABLE NON-TRANSFERABLE application processing fee. DO NOT SEND CASH. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the applicant's social security number on the face of the check or money order. This application is part of your examination. Answer all questions fully and carefully in ink or on typewriter. Attach additional sheets if necessary to give detailed information.

**PLEASE PRINT:**

1. EXACT TITLE OF EXAMINATION POLICE OFFICER  
 2. FIORILLO FRANK  
 LAST NAME FIRST NAME M.I.  
P.O. Box 156  
 MAILING ADDRESS  
BAByLON, New York 11702-0156  
 CITY STATE ZIP CODE

131 - 52 - 7985  
 SOCIAL SECURITY NUMBER  
7 WELLWOOD AVENUE  
 LEGAL ADDRESS (if different from mailing address)  
FARMINGDALE, NEW YORK 11735-1213  
 CITY STATE ZIP CODE

3. PLACE OF EXAMINATION  
 Please check the examination center where you wish to be tested.  
☒ SELDEN ☐ RIVERHEAD

4. DAYTIME TELEPHONE NUMBER (include area code)  
 You may be contacted by prospective employers.  
(631) 847-0588

5. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, not where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	VILLAGE	LIBRARY DISTRICT
C - <u>1</u>	T - <u>1</u>	S - <u>302</u>	V - <u>3</u>	L - <u>2</u>

6. GEOGRAPHIC ZONES

Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

- Zone 1 ☒ Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships  
 Zone 2 ☒ Brookhaven Township  
 Zone 3 ☒ Smithtown and Islip Townships  
 Zone 4 ☒ Huntington and Babylon townships

7. Check appropriate box to the right of each question:

- A. Have you ever been convicted of any crime (felony or misdemeanor)?  
 YES ☐ NO ☒  
 B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  
 YES ☐ NO ☒  
 C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  
 YES ☐ NO ☒  
 D. Did you ever resign from any employment rather than face dismissal?  
 YES ☐ NO ☒  
 E. Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable or which was issued under other than honorable circumstances?  
 YES ☐ NO ☒

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 7 you MUST give specifics in the COMMENTS section below.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

8. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday?

Yes ☐ NO ☒

If you checked YES, you will be asked to provide verification.

9. Do you need special accommodations to participate in this examination?

YES ☐ NO ☒

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

10. COMMENTS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY			
DEPARTMENT OR JURISDICTION		DATE APPOINTED	
FOR CIVIL SERVICE USE ONLY			
TEST SCORE _____	NOTES _____	<input type="checkbox"/> PENDING TRANSCRIPT	ELIGIBLE
VETS CREDIT _____	_____	<input type="checkbox"/> PENDING NECESSARY	INELIGIBLE
TOTAL SCORE _____	_____	SPECIAL REQUIREMENT	
			DATE

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 11 - 14. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

11. EDUCATION

A. Have you graduated from senior high school?

☒ YES

☐ NO

If yes, complete name and location.

Name of school: WALT WHITMAN HIGH SCHOOL

Location: 301 WEST HILLS ROAD HUNTINGTON STATION, NEW YORK 11746

B. If you have a high school equivalency diploma, indicate:

Issuing Authority

C. If you did NOT graduate from high school, circle highest school year completed:

4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Day or Night	Full or Part Time	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
List each College University or Professional School Attended									
Technical or other Schools or Special Courses	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Day or Night	Full or Part Time	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?		

12. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License:

1 2 3 4 5 6 A B C D E M

Date of Expiration 03-12-12

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession <u>POLICE OFFICER</u>	License Number <u>MPTC</u>	Granted by (licensing agency) <u>DEPARTMENT OF CRIMINAL JUSTICE</u>	City or State <u>NEW YORK</u>
Specialty <u>LAW ENFORCEMENT</u>	Date License First Issued <u>JUNE 02, 2002</u>	Registered From: <u>JUNE 02, 2002</u>	To: <u>PRESENT</u>

14. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail ALL paid and volunteer employments relevant to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT. (If more space is needed, attach 8½x11" sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK. State size and kind of working force, if any, supervised by you and the extent of such supervision.

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM <u>05.02</u> TO <u>04.06</u>	FIRM NAME <u>INC. VILLAGE OF OCEAN BEACH</u>	ADDRESS <u>BAY ANN COTTAGE WALKS</u>	CITY AND STATE <u>OCEAN BEACH, NEW YORK</u>
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES: <u>ALL POLICE RELATED DUTIES</u>		
TYPE OF BUSINESS <u>POLICE</u>			
YOUR EXACT TITLE <u>POLICE OFFICER</u>			
SUPERVISOR'S TITLE <u>CHIEF</u>			
Average no. of hrs. worked per week (exclusive of overtime) <u>40</u>			

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
SUPERVISOR'S TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
SUPERVISOR'S TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
SUPERVISOR'S TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
SUPERVISOR'S TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

09-0101:: 3/97cb

STPD 005

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE  
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

**VETERANS' CREDITS**

Veterans' credits are granted on the following basis:

**DISABLED VETERANS:** 10 points for Open-Competitive Exams

5 points for Promotional Exams

**NON-DISABLED VETERANS:** 5 points for Open-Competitive Exams

2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.**NON-DISABLED VETERANS**

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

**WORLD WAR II** - December 7, 1941 through and including December 31, 1946  
**KOREA** - June 27, 1950 through and including January 31, 1955  
**VIETNAM** - December 22, 1961 through and including May 7, 1975  
**LEBANON\*** - June 1, 1983 through and including December 1, 1987  
**GRENADE\*** - October 23, 1983 through and including November 21, 1983  
**PANAMA \*** - December 20, 1989 through and including January 31, 1990  
**PERSIAN GULF** - August 2, 1990 - to the end of hostilities as yet undefined

\* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

Armed Forces Expeditionary Medal

Navy Expeditionary Medal

Marine Corps Expeditionary Medal

2. Have been honorably discharged or released under honorable conditions from such service.

3. Submit a photocopy of separation papers (i.e. FORM DD-214 or NAVPRS-553) from the Armed Forces of the United States before this eligible list is established.

**DISABLED VETERANS**

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 &amp; 3 listed above, you must also complete, FOR EACH TITLE,

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

**LEGAL RESIDENCE CODES -**

COUNTY	CODE	Lindenhurst	V-13	Deer Park	S-306	Sachem	S-220	Connetquot	L-10
<b>NAME</b>	<b>CODE</b>	Lloyd Harbor	V-14	East Hampton	S-103	Sag Harbor	S-118	Copague	L-11
Suffolk County	C-1	Nissequogue	V-15	East Islip	S-208	Sagaponack	S-119	Deer Park	L-12
Other	C-0	North Haven	V-16	East Moriches	S-209	Sayville	S-221	East Islip	L-13
<b>TOWNS</b>		Northport	V-17	Eastport	S-104	Shelter Island	S-120	Half Hollow Hills	L-14
Babylon	T-01	Ocean Beach	V-18	East Quogue	S-105	Shoreham-Wading River	S-121	Harborfields	L-15
Brookhaven	T-02	Old Field	V-19	Elwood	S-307	Smithtown	S-315	Hauppauge	L-34
East Hampton	T-03	Patchogue	V-20	Fire Island School	S-210	Southampton	S-122	Huntington	L-16
Huntington	T-04	Poquott	V-21	Fishers Island	S-106	South Country	S-222	Islip	L-17
Islip	T-05	Port Jefferson	V-22	Greenport	S-107	South Haven	S-223	Lindenhurst	L-18
Riverhead	T-06	Quogue	V-23	Half Hollow Hills	S-308	South Huntington	S-316	Longwood	L-21
Shelter Island	T-07	Sag Harbor	V-24	Hampton Bays	S-108	South Manor	S-224	Mastic-Moriches-Shirley	L-19
Smithtown	T-08	Saltair	V-25	Harborfields	S-309	Southold	S-123	Middle Country	L-20
Southampton	T-09	Shoreham	V-26	Hauppauge	S-211	Springs	S-124	Montauk	L-33
Southold	T-10	Huntington	V-27	Huntington	S-310	Three Village	S-225	North Babylon	L-22
		Southampton	V-28	Islip	S-212	Tuckahoe	S-125	Northport	L-23
		Village of the Branch	V-28	Kings Park	S-311	Wainscott	S-126	Patchogue-Medford	L-24
		Westhampton Beach	V-29	Laurel	S-109	West Babylon	S-317	Sachem	L-25
		Other	V-00	Lindenhurst	S-312	West Islip	S-226	Sayville	L-26
<b>INCORPORATED VILLAGES</b>				Little Flower	S-110	Westhampton Beach	S-127	Shoreham-Wading River	L-27
<b>NAME</b>	<b>CODE</b>			Longwood	S-214	West Manor	S-228	Smithtown	L-28
Amityville	V-01	<b>SCHOOL DISTRICTS</b>		Mattituck - Cutchogue	S-111	William Floyd	S-227	South Huntington	L-29
Asharoken	V-02	Amagansett	S-101	Middle Country	S-213	Wyandanch	S-318	West Babylon	L-32
Babylon	V-03	Amityville	S-301	Miller Place	S-215			West Islip	L-30
Belle Terre	V-04	Babylon	S-302	Montauk	S-112	<b>LIBRARIES</b>		Wyandanch	L-31
Belport	V-05	Bay Shore	S-201	Mt. Sinai	S-216	<b>NAME</b>	<b>CODE</b>	Other	L-00
Brightwaters	V-06	Bayport-Blue Point	S-202	New Suffolk	S-113	Amityville	L-01		
Dering Harbor	V-07	Brentwood	S-203	North Babylon	S-313	Babylon Public	L-02		
East Hampton	V-08	Bridgehampton	S-102	Northport - E. Northport	S-314	Bay Shore - Brightwaters	L-03		
Greenport	V-09	Center Moriches	S-204	Oysterponds	S-114	Bayport - Blue Point	L-04		
Head-of-the-Harbor	V-10	Central Islip	S-205	Patchogue-Medford	S-217	Brentwood	L-05		
Huntington Bay	V-11	Cold Spring Harbor	S-303	Port Jefferson	S-218	Center Moriches	L-06		
Islandia	V-30	Commack	S-304	Quogue	S-115	Central Islip	L-07		
Lake Grove	V-12	Comsewogue	S-206	Ramseyberg - Speonk	S-116	Commack	L-08		
		Connetquot	S-207	Riverhead	S-117	Comsewogue	L-09		
		Copague	S-305	Rocky Point	S-219				

**DECLARATION:**

I declare, subject to the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

DATE

SIGNATURE OF APPLICANT

State former name or any other name(s) by which you were known.

**SOUTHAMPTON TOWN POLICE DEPARTMENT**  
**TOWN of SOUTHAMPTON**



**JAMES P. OVERTON**  
Chief of Police

110 Old Riverhead Road  
Hampton Bays, New York 11946

Emergency: 911  
Anonymous Tip Hotline: (631) 728-3451  
General Business: (631) 728-5000  
Police Reports: (631) 728-5007  
(631) 728-5008  
FAX: (631) 728-5440

**Applicant Questionnaire**

1. Full Name FRANK FIORILLO
2. Alias (Nickname, Maiden name) \_\_\_\_\_
3. Current Address 7 WELLWOOD AVENUE FARMINGDALE, N.Y. 11735-1213
4. Date of Birth 03-12-57 Social Security # 131-52-7985
5. Telephone Number (Home) 631-847-0588  
(Work) \_\_\_\_\_  
(Cell/Pager) \_\_\_\_\_
6. Height 6' Weight 175 Eye Color Brown Hair Color GRAY
7. Character References  
Name KEVIN LAMM  
Phone 631-665-6280 Relation FRIEND  
  
Name HERBERT HONS  
Phone 631-226-8595 Relation FRIEND
8. Motor Vehicle Accidents  
Date \_\_\_\_\_ Brief Description \_\_\_\_\_  
\_\_\_\_\_  
  
Date \_\_\_\_\_ Brief Description \_\_\_\_\_  
\_\_\_\_\_
9. Traffic Tickets  
Date \_\_\_\_\_ Charge \_\_\_\_\_  
Date \_\_\_\_\_ Charge \_\_\_\_\_  
Date \_\_\_\_\_ Charge \_\_\_\_\_  
Date \_\_\_\_\_ Charge \_\_\_\_\_
10. Arrest Information  
Date \_\_\_\_\_ Charge \_\_\_\_\_  
Agency \_\_\_\_\_



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**Conditional Offer of Employment as A Police Officer**

I am currently eligible for consideration for employment as a Part Time Police Officer with the Town of Southampton. As part of the pre-employment stage of the selection process, a background investigation of my character has been initiated. I understand that this offer of employment is conditional upon my taking and successfully passing a medical examination, a psychological evaluation, and an agility test, which will be administered by the Suffolk County Department of Civil Service, and that my ongoing background investigation reveals little or nothing of a derogatory nature. I also understand that I must pass a polygraph examination administered by the Applicant Investigation Division of the Suffolk County Police Department.

Name (Print) FRANK FIORILLO  
Signature *Frank Fiorillo*  
Date 04-26-06

Sworn to before me this 26<sup>th</sup> day  
Of April, 2006

*Beverly E. Strong*  
Notary Public

BEVERLY E. STRONG  
NOTARY PUBLIC, ST. OF NY  
NO. 01ST5046737  
QUALIFIED IN NASSAU CTY.  
COMMISSION EXPIRES 7/17/07



# Police Department County of Suffolk, N.Y.



## Police Academy Bureau Acknowledges that

**FRANK FIORILLO**

has successfully completed

### Basic Course for Police Officers

conducted at YAPHANK, N.Y.

on this 3<sup>RD</sup> day of JUNE, 20 02

We do hereby certify and affix our signatures hereon.

*Anna A. Engel*  
Commanding Officer  
Police Academy  
*Inspector*

*J. L. Callahan*  
Commissioner, Police Department  
County of Suffolk, N.Y.

State of New York  
Division of Criminal Justice Services  
Municipal Police Training Council

Hereby Acknowledges and Declares that


**Frank Fiorillo**

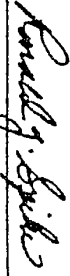
has successfully completed the

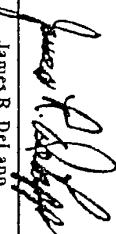
*Basic Course for Police Officers*

which satisfies the minimum  
criteria established by the  
Municipal Police Training Council

Suffolk County Police Academy  
Brentwood, New York  
November 5, 2001 - June 2, 2002

  
Chauncey G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

  
Ronald G. Spike  
Chairman  
Municipal Police Training Council

  
James R. Delapp  
Deputy Commissioner  
Office of Public Safety

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(631) 728-5008  
FAX: (631) 728-5440

**Release of Medical Information**

I, the Undersigned FRANK FIORILLO hereby authorize the release to the Town of Southampton and the Southampton Town Police Department of any and all records which relate to my medical background and qualifications for the position of POLICE OFFICER and which reflect upon my fitness for public service, including but not limited to medical, physical, psychological records and reports. I also authorize the release of any and all drug and alcohol counseling and rehabilitation records and reports.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy.

Name (Print) FRANK FIORILLO Date 04-26-06  
Signature *Frank Fiorillo*  
Address \_\_\_\_\_  
Date of Birth 03-12-57 SS # 131-52-7985

Sworn to before me this 26<sup>th</sup> day  
Of April, 2006

*Beverly E. Strong*  
Notary Public

BEVERLY E. STRONG  
NOTARY PUBLIC, ST. OF NY  
NO. 01ST5046737  
QUALIFIED IN NASSAU CTY.  
COMMISSION EXPIRES 7/17/07

**SOUTHAMPTON TOWN POLICE DEPARTMENT**  
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FAX: (631) 728-5440

**Release of Information**

I, the undersigned, FRANK FIORTILLO hereby authorize the release to the Town of Southampton and the Southampton Town Police Department of any and all records which relate to my background, experience and qualifications for the position of POLICE OFFICER and which reflect upon my merit and fitness for public service, including but not limited to personnel, employment (both past and present employers), educational, selective service, military, and arrest records and reports. I authorize the release of any and all results of prior polygraph testing that I may have undergone.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy.

Name (Print) FRANK FIORTILLO Date 04-26-06

Signature *Frank Fiortillo*

Address \_\_\_\_\_

Date of Birth 03-12-57

SS # 131-52-2985

Sworn to before me this 26<sup>th</sup> day  
Of APRIL, 2006

*Beverly E. Strong*  
Notary Public

BEVERLY E. STRONG  
NOTARY PUBLIC, ST. OF NY  
NO. 01ST5046737  
QUALIFIED IN NASSAU CTY.  
COMMISSION EXPIRES 7/17/07

Diane.  
853-6099.

5/8/06 - Spoke to applicant -

Chief Paradise

Village Office Natalie Rogers - Mayor

Village of Ocean Beach ~~Beach~~

Cottage - Bay Walk

Ocean Beach 11770

Thursday 11th - 3:00 PM.

5/9/06 - Spoke to Chief of Police for Ocean  
Beach George Hess 583-5866

Chief Hess has written applicant up in the  
past / will not hire him back and does  
not recommend him at all.

5/9/06 - Spoke to applicant on the phone and he began  
to actually argue with Sgt. Foster on the  
phone. Advised him the interview was cancelled  
and ended the conversation.